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Student Profile Form Montana Adult Basic and Literacy Education

Site Name: _____

Program Year: _____

Satellite Site: _____

Enrollment Date: _____

Have you been enrolled in another ABE program in the past program year: ☐ Yes ☐ No

First Name: _____ MI: _____ Last Name: _____ Maiden/Other: _____

Address: _____ City: _____ State: _____ Zip Code: _____

SS#: _____ SSN Waiver: ☐ Yes ☐ No DOB: _____ Gender: ☐ Male ☐ Female

Home Phone: _____ Cell/Other: _____

Work Phone: _____ E-Mail: _____

Student does NOT want any FERPA data disclosed: ☐ Yes

Ethnicity: Are you Hispanic / Latino? (Choose only one)

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

What is your race? (Choose one or more)

☐ American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment).

☐ Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam and Laos).

☐ Black or African American (A person having origins in any of the Black racial groups of Africa)

☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Tribe: ☐ Enrolled

☐ Not Enrolled

Affiliation: ☐ Assiniboine
☐ Blackfeet
☐ Chippewa/Cree
☐ Crow
☐ CSKT

☐ Gros Ventre
☐ Little Shell
☐ Northern Cheyenne
☐ Sioux
☐ Other

Highest Grade Completed: _____ **Has Diploma or HSE at Entry to ABE:** ☐

Last School Attended: _____

Highest Credential Achieved:

<input type="checkbox"/> None	<input type="checkbox"/> Some Post Sec – No Cert or License
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College – No Degree
<input type="checkbox"/> High School Equivalency (HSE) Diploma	<input type="checkbox"/> COT or Professional Certification
	<input type="checkbox"/> College Degree

Locale of Highest Grade or Credential Completed: ☐ U.S. ☐ Non - U.S.

Is the student:

<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Displaced Homemaker
<input type="checkbox"/> Low Income	<input type="checkbox"/> Single Parent with Dependents

Disability: ☐ Yes ☐ No ☐ Not Sure

If the student has a disability, check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Mental Illness (depression, anxiety, mood) |
| <input type="checkbox"/> Blindness or Vision Impairment | <input type="checkbox"/> Physical Impairment |
| <input type="checkbox"/> Disorder (personality disorder) | <input type="checkbox"/> Psychosocial (behavior, coping or relationship difficulty) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Hearing Loss or Impairment | <input type="checkbox"/> Other (Please explain) _____ |
| <input type="checkbox"/> Learning Disability | |

Employment Status: ☐ Employed ☐ Unemployed ☐ Not in the labor force

Labor Force Status Definitions:

Employed – Learners who work as paid employees.

***Note Learners who are employed in the following types of jobs should be marked as Not in the Labor Force because we cannot do data match on them.

- Military
- Farm Workers
- Anyone paid under the table
- Anyone working out-of-state with no Montana address
- People who are self-employed and not reporting payroll taxes
- Anyone on TANF who is doing WEX hours
- Students in youth employment/training programs who are being paid by the youth employment and not by an employer
- Individuals in on-the job training programs who are being paid by employers
- Individuals who are incarcerated and unable to leave the facility
- Individuals employed by Fork Belknap Indian Reservation
- Individuals employed by the railroad

Unemployed - Learners who are not working but are seeking employment, make specific efforts to find a job, and are available for work.

Not in the Labor Force - Learners who are not employed and are not seeking employment.

Housing Status:

- ☐ Confined to an Adult Correction Facility (not able to leave facility)
☐ Confined to a Youth Correction Facility (not able to leave facility) Homeless
☐ Living in a Community Correctional Facility (able to leave facility) Living with Friends/Family
☐ Own, rent or are purchasing residence
☐ Resident of a Mental Health Facility
☐ Resident of a Community Group Home
☐ Resident of a Subsidized Housing Program

Emergency Contact:

Name: _____ Phone: _____ E-mail: _____

2nd Emergency Contact:

Name: _____ Phone: _____ E-mail: _____

Student Information:

Name: _____ Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

How Did You Hear About The ABE:

- | | |
|---|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Radio or TV Advertisement |
| <input type="checkbox"/> Former Student | <input type="checkbox"/> Referral by Agency/Program or Institution |
| <input type="checkbox"/> Friend or Family Member | <input type="checkbox"/> Self-Referral |
| <input type="checkbox"/> High School or College Student | <input type="checkbox"/> Web Site or Internet |
| <input type="checkbox"/> Newspaper or Magazine Ad | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pamphlet or Brochure | |

ABE Other Reference:

- ☐ None
☐ TANF Education Support Grant

Referral Agency Type:

- ☐ Corrections
☐ Educational Institution
☐ Governmental Agency/Program
☐ Private Business

Referral Agency Name:

Agency Contact: _____

Reason for Referral: ☐ Assessment Only
☐ Enrollment in ABE Other

What Other Areas Do You Need Help In: (Check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Job Interviewing | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Parenting | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Getting a Driver's License | <input type="checkbox"/> Resume Writing | <input type="checkbox"/> Other: |

Program Classification: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> BIA Public Assistance | <input type="checkbox"/> SSDI or Other Disability |
| <input type="checkbox"/> Even Start | <input type="checkbox"/> SSI Only |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> TANF <input type="checkbox"/> Tribal TANF |
| <input type="checkbox"/> Foster Child Payment | <input type="checkbox"/> Tribal New |
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> WIA |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Refugee Assistance | <input type="checkbox"/> Workers Compensation |

Choose one or two of the following educational advancements:

- | | |
|--|--|
| <input type="checkbox"/> Achieve Citizenship Skills | <input type="checkbox"/> Involvement in Children's Literacy Related Activities |
| <input type="checkbox"/> Enter Employment* | <input type="checkbox"/> Meet Work-Based Project Learner Goal |
| <input type="checkbox"/> Enter Post-Secondary Education or Training* | <input type="checkbox"/> Receipt of High School Equivalency Diploma |
| <input type="checkbox"/> General Involvement in Community Activities | <input type="checkbox"/> Reduction in Receipt of Public Assistance |
| <input type="checkbox"/> Improve English language skills | <input type="checkbox"/> Retain Employment* |
| <input type="checkbox"/> Improve Math Skills | <input type="checkbox"/> Voting Behavior |
| <input type="checkbox"/> Improve Reading Skills | |
| <input type="checkbox"/> Involvement in Children's Education | |

Signature: _____ **Date:** _____